

BEST AVAILABLE COPY

claims  
1-244  
all canceled

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 181978,637	FILING DATE		
4-28-81						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	51								
2	52								
2	53								
2	54								
2	55								
2	56								
2	57								
2	58								
2	59								
2	60					1			
2	61								
2	62					1			
2	63								
2	64					1			
2	65					1			
2	66								
2	67								
2	68					1			
2	69								
2	70					1			
2	71								
2	72					1			
2	73								
2	74								
2	75								
2	76								
2	77								
2	78								
2	79								
2	80								
2	81								
2	82								
2	83								
2	84					1			
2	85								
2	86					1			
2	87					1			
2	88					1			
2	89					1			
2	90					1			
2	91								
2	92								
2	93								
2	94								
2	95								
2	96					1			
2	97					1			
2	98					1			
2	99					1			
TOTAL IND.		2							
TOTAL DEP.		21							
TOTAL CLAIMS		23							

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>08/918,637</i>	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
303						3 51			
304						3 52			
305						3 53			
306						3 54			
307						3 55			
308						3 56			
309						3 57			
310						3 58			
311						3 59			
312						3 60			
313						3 61			
314						3 62			
315						3 63			
316						3 64			
317						3 65			
318						3 66			
319						3 67			
320						3 68			
321						3 69			
322						3 70			
323						3 71			
324						3 72			
325						3 73			
326						3 74			
327						3 75			
328						3 76			
329						3 77			
330						3 78			
331						3 79			
332						3 80			
333						3 81			
334						3 82			
335						3 83			
336						3 84			
337						3 85			
338						3 86			
339						3 87			
340						3 88			
341						3 89			
342						3 90			
343						3 91			
344						3 92			
345						3 93			
346						3 94			
347						3 95			
348						3 96			
349						3 97			
350						3 98			
TOTAL IND.	<i>0</i>					3 99			
TOTAL DEP.	<i>18</i>	<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>↓</i>	400			
TOTAL CLAIMS	<i>18</i>					TOTAL IND.			
						TOTAL DEP.	<i>↓</i>	<i>↓</i>	<i>↓</i>
						TOTAL CLAIMS			